State Approaches to Culturally Competent Services

Moderator: Arlene Gonzalez-Sanchez (NY) Speakers: Dr. Larke N. Huang (SAMHSA), Dr. Janice Petersen (LA), Dr. Jared Yurow (HI), Dr. Sheri Daniels (HI)

> Wednesday, June 5, 2019 2:00 - 3:00PM EST

2019 CSAT/CSAP Annual Meeting

Moving Toward Health Equity in Substance Use Prevention and Treatment

Larke Nahme Huang, Ph.D. Director, Office of Behavioral Health Equity Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services

NASADAD Conference Bethesda, MD June 5, 2019





SAMHSA's Office of Behavioral Health Equity & Justice Involved

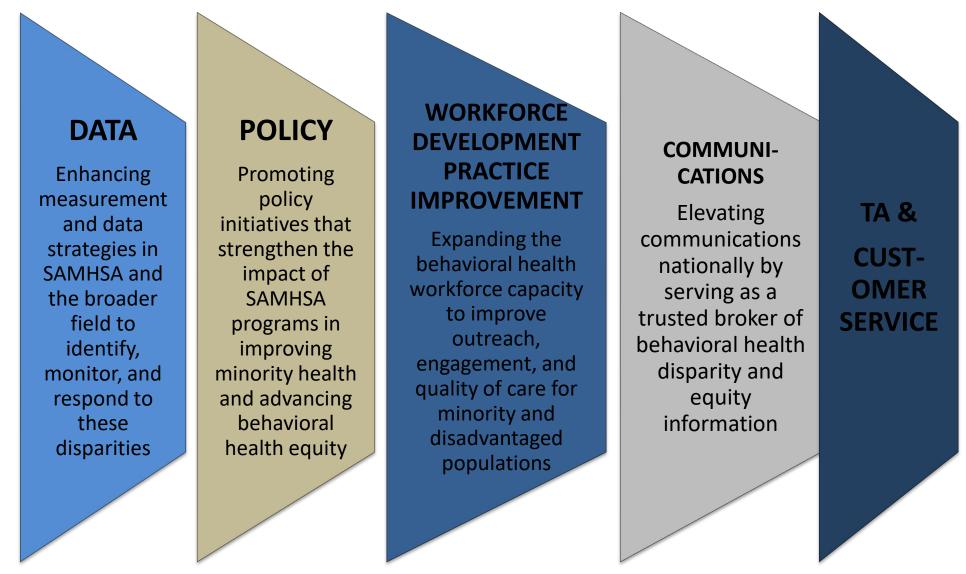
The vision of OBHE is for minority and disadvantaged, underserved communities across the country to have access to quality prevention and treatment services.

OBHE's mission is to achieve equity and reduce disparities in the prevention and treatment of mental health and substance use disorders

Created by the Affordable Care Act: 6 HHS Agencies to set up offices to address health disparities

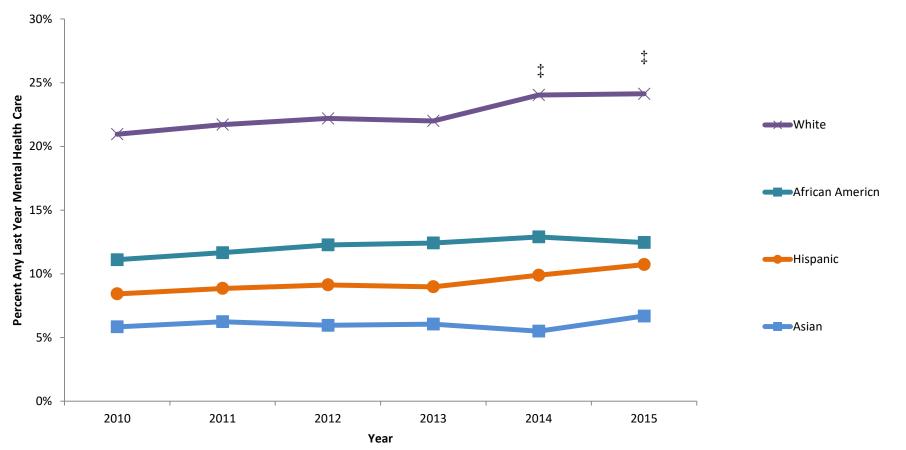


Office of Behavioral Health Equity: 5 Strategies





Large Disparities In Access To Behavioral Health Care



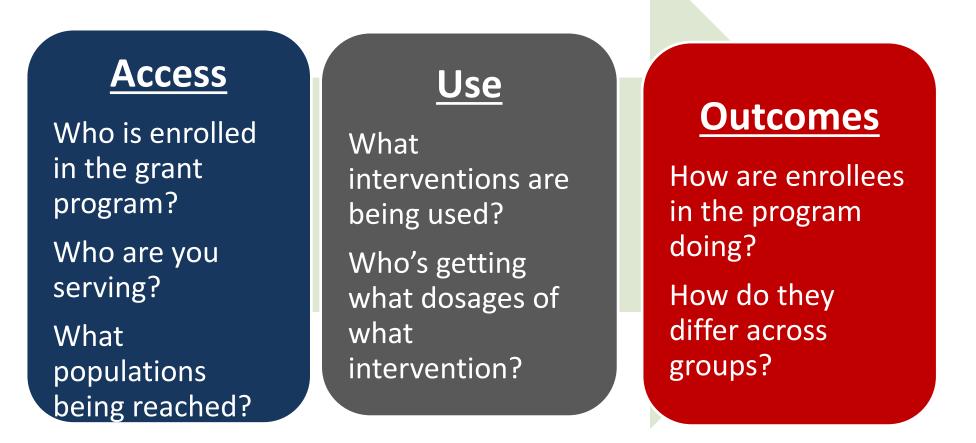
Data: 2010-2015 Medical Expenditure Panel Surveys (update of Cook et al. 2017, Psychiatric Services) All differences between whites and blacks, Hispanics, and Asians are significant (p<.05) ‡ Any mental health care of whites in the marked year is significantly different from the same group's values in 2010



Disparity Impact Strategy for SAMHSA Grant Programs

To create a more *strategic focus* on racial and ethnic populations in SAMHSA investments

Use a *data-informed QI* approach to manage grants & address disparities



SAMHSA Substance Abuse and Mental Health Services Administration

Partnering with Grant Programs:

GPRA/SPARS Data Disaggregated by Population Groups

Enhanced CLAS Standards Released by HHS, April 2013



Office of Minority Health U.S. Department of Health and Human Services

NATIONAL STANDARDS FOR Culturally and Linguistically Appropriate Services in Health and Health Care



Culturally and Linguistically Appropriate Services (CLAS) Standards

Standard 1

Principal Standard

Standards 2-4

Governance, Leadership & Workforce

Standards 5-8

Communication & Language

Standards 9-15

Engagement, Continuous Improvement & Accountability

SAMHSA Substance Abuse and Mental Health Services Administration

https://www.thinkculturalhealth.hhs.gov/Content/clas.asp#clas_standards

What Have Grantees Achieved with DIS?

Examples:

- Strategic Prevention Framework Grantees: Product development/tools relevant to diverse populations
- Drug Courts: Training from NADCP on Equity and Inclusion Toolkit (Standard #2)
- Innovative ethnic-specific engagement & outreach methods (ethnic media; faith-communities, promotoras/CHW)
- Ethnic community roles on governance and boards
- Hiring ethnic-specific and bilingual staff from community (training and promotion ladders)

Building on Strengths: Tools for Improving Positive Outcomes

Ensuring the Well-being of Boys and Young Men of Color: Factors that Promote Success and Protect Against Substance Use and Misuse







Using Prevention Research to Guide Prevention Practice SAMHSA's Center for the Application of Prevention Technologies January, 2016

http://www.samhsa.gov/capt/sites/default/file s/resources/ensuring-wellbeing-boys-youngmen-of-color-factors.pdf



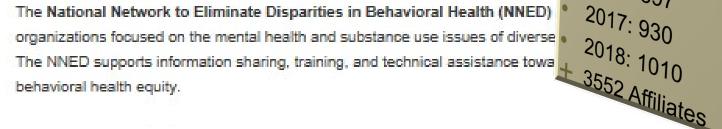


News & Events Opportunities Connect Resources Join the NNED

Welcome to the New NNED Website

The website for the National Network to Eliminate Disparities in Behavioral Health (NNED) has a new look! Designed to promote interaction among NNED members and optimize timely content and resources, the website features new engaging features while also maintaining highly utilized features/sections. We ask for your patience and grace as we work out issues that may arise, and encourage your feedback on the new site.

more



CBO Members 2008: 60 2009: 129 2010: 323 2011: 464 2012: 541 2013: 685 2014: 756 2015: 802 2016: 897 2017: 930

..d Mental Health

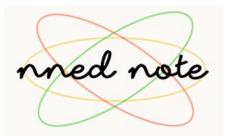


Opportunities Thru NNED www.nned.net



NNED on the Web. Interactive website with relevant hot topics, news items, calendar events, searchable funding opportunities. Active social media presence on Facebook, Twitter, and Linked In.

PARTNER 💥 CENTRAL



IIIItUshare

Search and find your next NNED partner in behavioral health equity.

E-newsletter with relevant news, partnership opportunities, and announcements of timely federal and foundation funding.

On-line collaborative space to share resources and intervention efforts.

earn

Professional development opportunity to receive training in evidence-supported and culturally appropriate clinical and consumer practices.



NNEDLearn 2019: Trainings and Trainers



Familia Adelante: Multi-risk Reduction Behavioral Health Prevention for Latino Youth and Families Richard Cervantes, Ph.D., Director, Behavioral Assessment, Inc.

Motivational Interviewing

Jennifer Frey, Ph.D., Licensed Psychologist, Motivational Interviewing Consultant

Preventing Long-term Anger and Aggression in Youth (PLAAY)

Howard Stevenson, Ph.D., Professor of Education and Africana Studies, University of Pennsylvania

Project Venture: Positive Prevention for American Indian Youth

McClellan Hall, M.A., Executive Director, National Indian Youth Leadership Project

Achieving Whole Health: Wellness Coach Training (AWH)

D.J. Ida, Ph.D., Executive Director, National Asian American Pacific Islander Association



Equity Practices to Consider

- *Invest in engagement strategies* building on cultural values, preferences, in-language accepted practices, community partnerships
- *Employ culturally adapted social marketing* to promote health access and remove stigma
- Adapt treatments for racial/ethnic underserved groups to reduce language barriers, including client manuals and scripts for bilingual clinicians, rather than relying on ad hoc translation
- Integrate behavioral health services into existing programs that provide social services, such as housing or employment or newcomer services, multi-service centers
- Use culturally adapted interventions, relying on patients and family advisory boards as a way to enhance understanding of patient concerns
- Diversify and expand behavioral health workforce and provide behavioral health training to community health workers Alegría, M., Alvarez, K., Ishikawa, R. Z., DiMarzio, K., & McPeck, S. (2016). Removing obstacles to eliminating racial and ethnic disparities in behavioral health care. *Health Affairs*, *35*(6), 991-999.



Benefits of a Diverse Behavioral Health Workforce

- Racial and ethnically diverse health-care practitioners are significantly more likely than their white peers to serve communities of color
- Recent study found that racial and ethnic minority practitioners treated more than twice the proportion of racial and ethnic minority patients than nonminority practitioners (24.0% vs. 11.7%, respectively)
- Two key issues:
 - increasing the number of racial and ethnic practitioners and
 - creating a culturally competent workforce to meet the needs of the expanding minority population of the United States.

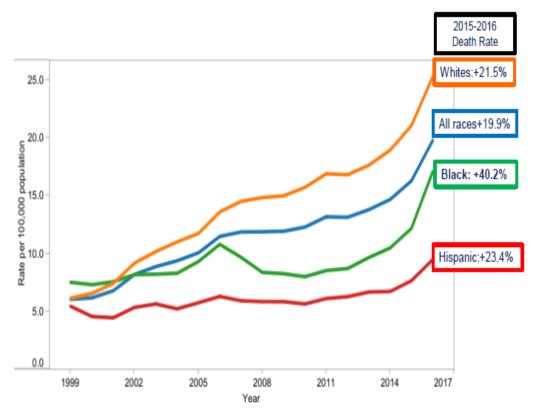
Source: In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce (2004) Institute of Medicine, retrieved from http://www.iom.edu/Reports/2004/In-the-Nations-Compelling-Interest-Ensuring-Diversity-in-the-Health-Care-Workforce.aspx



Opioids: Latino & African American Communities

Drug Overdose Death Rates Increased in All Races

40% Increase in African Americans between 2015 – 2016



OBHE opioid activities:

- Opioid Forum with CMS/Office of Minority Health (4/25/18)
- 2. NNED Virtual Roundtable: The Impact of Opioid Addiction in Diverse Communities (5/9/18)
- 3. Two issue briefs (July 2019)



CDC (2016). Drug Poisoning Mortality in the United States, 1999-2016



Opioid Issue Briefs

Know mis-assumptions re "trickle down" "trickle up" and "trickle over"

Population of Focus

Black/African American Hispanic/Latino

Key Areas

Scope of the problem

Data Trends

Pain Management

Pathways to OUD/Tx

Strategies

Resources

Data Collection

Literature review

Virtual Roundtables & Listening Sessions

Key informant interviews w community leaders, people w lived experience, grantees, and researchers

Timeline

July 2019



Opioid Issue Briefs: *What are we finding?*

- Critical to know the "acceptable" first responders
- Outreach: recognize historical criminalizing of addiction and impact on communities and families of color
- Connect with trusted messengers, e.g. community connectors, community health workers, promotoras, school-based family liaisons
- Identify the acceptable culturally-based entities to promote education and awareness/prevention and access to treatment (behavioral health friendly churches & pastor spouse initiatives, FB-social service, & tx partnerships; community barbers, sister circles, etc.)
- Know the disparities in treatment, esp. MAT





SAMHSA Substance Abuse and Mental Health Services Administration

https://www.samhsa.gov/behavioral-health-equity

Products from OBHE



Advancing Best Practices in Behavioral Health for Asian American, Native Hawaiian, and Pacific Islander Boys and Men

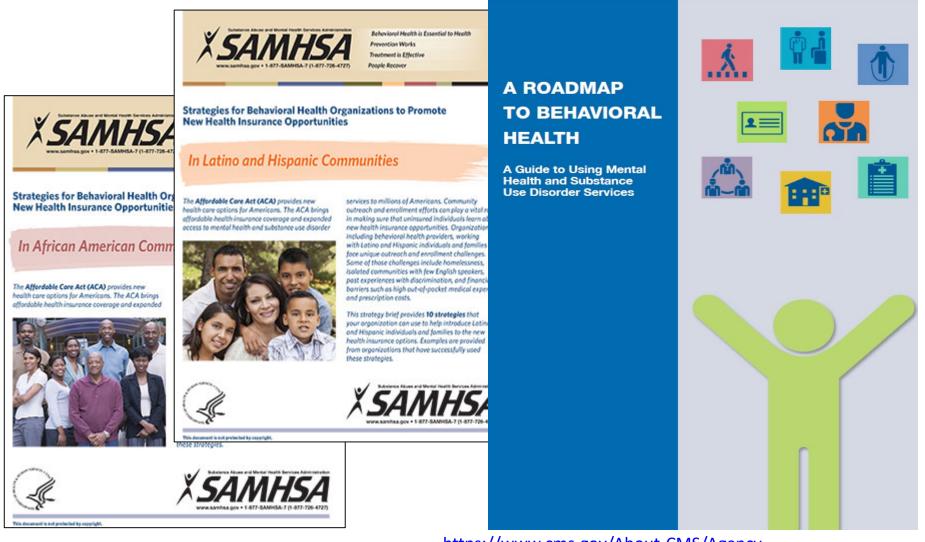
SEPTEMBER 2016





https://store.samhsa.gov/system/files/sma16-4959.pdf

Guides to Promote Health Insurance Enrollment – Partnerships with CMS & Ethnic Organizations



http://store.samhsa.gov/product/SMA14-4820

https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Coverage-to-Care- SAM Behavioral-Roadmap.pdf



Substance Abuse and Mental Health Services Administration

Additional Resources

• SAMHSA TIP 59: Improving Cultural Competence



- **NNED Virtual Roundtable**: *Workplace* Environment Matters – Strategies to Support and Retain Behavioral Health Staff Providing Services to Diverse Ethnic and Racial **Populations**
- <u>https://protect2.fireeye.com/url?k=d7</u> <u>40faf9-8b14d3d2-d740cbc6-</u> <u>0cc47a6d17cc-</u> <u>39c12aaeff85a232&u=https://share.n</u> <u>ned.net/2019/04/workplace-</u> environment-matters/





State Approaches to Culturally Competent Services: LOUISIANA

Janice Petersen, Ph.D., Panel Presenter

INTRODUCTION

Louisiana Behavioral Health System

Located in the Department of Health, among 4 other offices

- The Office of Behavioral Health (OBH) is charged with the oversight and management of behavioral health services. The other offices are listed below:
- Office of Adult Aging Services
 Office of Citizens with Developmental Disabilities
 Office of Public Health
 Bureau of Medicaid Services



Introduction to Cultural Competence

Department of Health and Human Services-Cultural and Linguistic Responsibility

►SAMHSA:

Substance Abuse and Mental Health Block Grant requirements and "health disparity statements"/FOA requirements

Strategic Prevention Framework (SPF)

Assessment, Capacity, Planning, Implementation, Evaluation

(flower with Cultural Competence and Sustainability in middle)

Global reference to Health Disparities:

Health People 2020/2030 in progress



TIP 59: Improving Cultural Competence

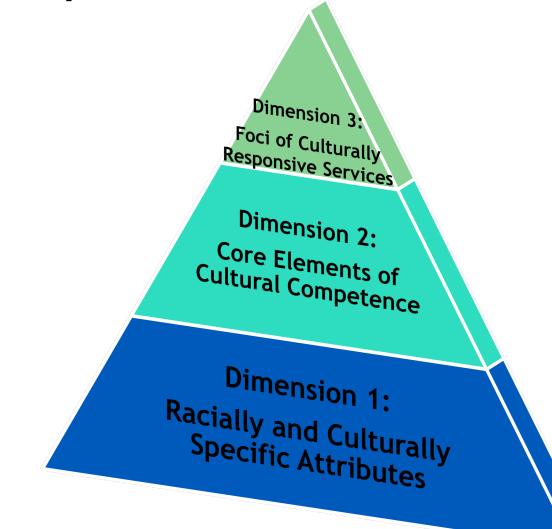
Treatment Improvement Protocol - TIP 59: Improving Cultural Competence/Quick Guide for Administrators

Original 2010/Printed 2014: Revised 2015

- ► HHS defined cultural competence as "referring to the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services.
- Cultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time.



Multi-dimensional Model for Developing Cultural Competence : Tip 59





Cultural and Linguistically Appropriate Services: CLAS Principal Standards

Provide effective, equitable understandable respectful quality care and services response to diverse cultural health beliefs and practices. Fourteen (14) standards that include specific themes of:

Governance, Leadership and Workforce

Communication and Language Assistance

Engagement, Continuous Improvement and Accountability



POPULATION			
	USA	Region (South)	LA
Total pop (est)	327,167,434 (2018)	124,753,948 (2018)	4,659,978 (2018)
	308,745,538 (2010)	114,555,744 (2010)	4,533,372 (2010)
Rural pop (est)	59,492,267 (2010)	12,583,349 (2010)	529,695 (2010)
Cultures:	Race/Ethnicity: Caucasian, African American, Asian, Hispanic/Latino, Native Americans, Indian, Pacific Islanders, Puerto Ricans, Mexican Americans	Southern, Christian, Carribean, Vietnamese, Middle Easterners	All including: 11- State recognized tribes 4- Federally recognized tribes



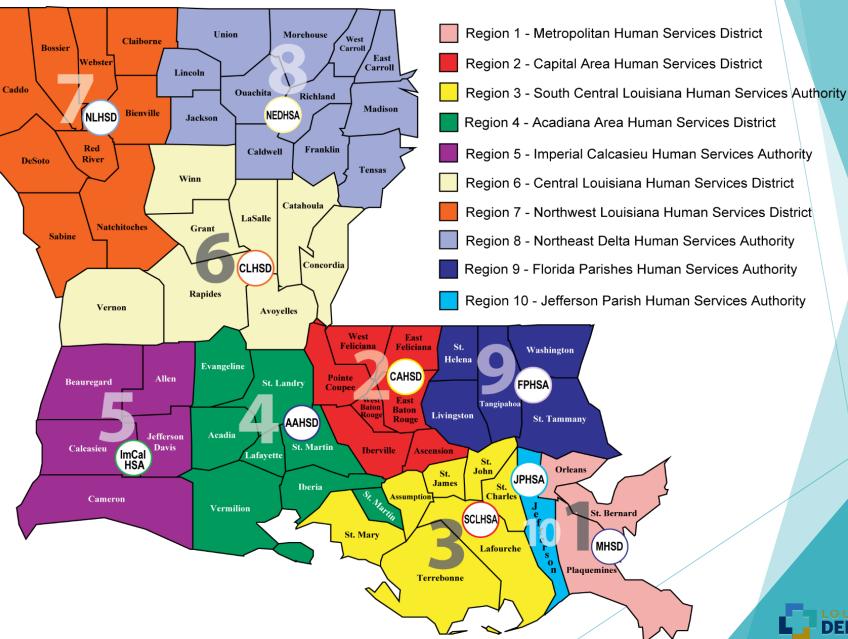
Louisiana's Approach to Cultural Competence

Department Contracts OBH Provider Contracts: Utilizes Tip 59 OBU Delicies:

OBH Policies: Embedded in performance plan



Louisiana Local Governing Entities (LGE)



DEPARTMENT OF HEALTH

Louisiana's Approach to Cultural Competence

Policy and Procedure Statement Indicators of cultural competence:

- Recognizing the power and influence of culture
- Understanding how each of our backgrounds affect our responses to each other
- Acknowledging how past experiences affect present interactions
- Allocating resources for leadership and staff development



Management Leadership Plan: Intercultural Development Inventory

Perceived vs Developmental Perspective: Completing the plan participants will:

Customized to determine progress in increasing intercultural competence
 Gain insights concerning intercultural challenges you are facing and identify intercultural competence development goals.

Gain increased understanding of how your own orientation impacts how you perceive and respond to cultural difference and commonalities, and

► Identify and engage in targeted, developmental learning that increases your intercultural competence in bridging across diverse communities.

Note: IDI trademark and copyright by Mitchell H. Hammer, website: idiinventory.com



Pursuing Organizational Cultural Competence

Organizational cultural responsiveness is a dynamic, ongoing process; it is not something that is achieved once and is then complete. <u>The commitment to</u> <u>increase cultural competence must also involve a</u> <u>commitment to *maintain* it through periodic</u> <u>reassessments and adjustments.</u>



Pursuing Organizational Cultural Competence

In behavioral health services, development of cultural competence involves three principal components that coincide with the Multidimensional Model for Developing Cultural Competence (see TIP 59).



ASSESSMENT EXERCISE: What is your score?

• A defined set of values and principles, along with demonstrated behaviors, attitudes, policies, and structures that enable effective work across cultures.

1-----5

• Value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities it serves.

1-----5

• Systematically involve consumers and families and incorporate the above in all aspects of :

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Policy making
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Infused in Administrative Policies
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Integral part of Service delivery
1-----5
YOUR TOTAL: _____ POSSIBLE TOTAL: 25
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Resources: National Council on Behavioral Health Middle Management Academy

- The National Council's Middle Management Academy (MMA) gives your managers the skills they need to manage work and people, but it also connects them to the bigger vision of your organization. It's the only behavioral health program of its kind -- you won't find a management course tailored for mental health and addiction professionals anywhere else.
- This 3.5-day hands-on training will teach your staff how to use their unique strengths and personality traits to become stronger leaders within your behavioral health organization.
- Start investing in your managers' futures today. Learn more about <u>the Middle</u> <u>Management Academy</u> and contact Dana Lange at <u>DanaL@TheNationalCouncil.org</u> to bring an MMA training to your organization.



Conclusion

- You can learn more about CLAS mandates, guidelines and recommendations at <u>http://www.ThinkCulturalHealth.hhs.gov</u>
- National Council's Addressing Health Disparities Leadership Program <u>www.thenationalcouncil.org</u>
- National Prevention Strategy: Elimination of Health Disparities report:

<u>www.surgeongeneral.gov/priorities/prevention/strategy/health-</u> <u>disparities.pdf</u>

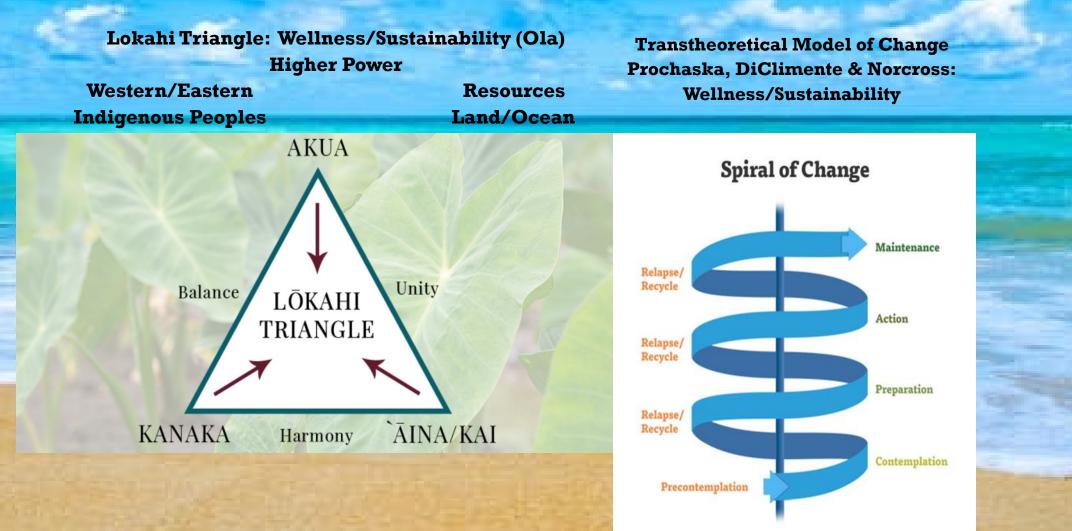
Note: Improving Cultural Competence: SAMHSA TIP 59



2019 CSAT/CSAP ANNUAL MEETING State Approaches to Culturally Competent Services Wednesday, June 5, 2019 2:00-3:00 pm Hyatt Regency Metro Center Bethesda, MD

> Jared Yurow, Psy.D. Hawaii SSA Sheri Daniels, Ed.D. Papa Ola Lokahi

MODELS OF ADDICTION RECOVERY (TWELVE STEPS OF ALCOHOLICS ANONYMOUS)



COOK INLET TRIBAL COUNCIL MODEL IIMHL/SAMHSA May, 2007

Level I: Client-Based Evidence

- Consumer Surveys
- Focus Groups
- Case Studies
- Discharge Interviews

Level II: Practice-Based Evidence

- Opinion from Recognized Indigenous Experts
- Elder/Traditional Healer Interviews
- Personal Testimonies
- Spiritual Ceremonies
- Funder Acknowledgement of Practice

Level III: Research-Based Evidence

- Qualitative/Quantitative Design
- Peer Reviewed Journal
- Comprehensive Evaluation
- Indigenous/Ethnic Group Review Panel
- SAMHSA NREPP (EBP Resource Center)
- External Agency Document Review



HAWAII SSA TREATMENT CULTURAL SERVICE ALIGNMENT

- Assessment of Cultural Identification
- Incorporation of Culture into Health and Wellness Plans (ASAM-Aligned)
- Activities
- Lo'i (Kalo/Taro Farming)
- Farming (Uala)/Raising Animals
- Fishing/Hukilau (Fish Net), Aquaculture (Fish Ponds)
- Traditional Food Gathering
- Canoeing
- Ho'oponopono (setting relationships right)
- Oli (Chanting)
- Lomilomi (Massage)
- Moʻolelo (History)
- Hula (Dance)
- Cultural Activity Group: H2035

THE ASAM CRITERIA THIRD EDITION Cultural Health and Wellness Plan

- Dimension 1: Holistic Healing (Lomi Lomi)
- Dimension 2: 'Ai pono (Healthy Eating)
- Dimension 3: Moʻokūʻauhau (Genealogy/Self & Cultural Identity)
- Dimension 4: Kūkākūkā ("Talk Story")
- Dimension 5: Connection to Culture

(Social Determinants of Health)

• Dimension 6: Ho'oponopono (Improve Family Relationships)



PAPA OLA LOKAHI

Native Hawaiian Health Care Improvement Act (42 USC)

- Coordinate, implement and update a Native Hawaiian comprehensive master plan designed to promote comprehensive health...to raise the health status of Native Hawaiians to the highest possible level.
- Conduct training for Native Hawaiian care practitioners...to educate the Native Hawaiian population regarding health promotion and disease prevention.
- Identify and perform research into diseases that are most prevalent among Native Hawaiians.
- Develop an action plan outlining the contributions that each member organization of Papa Ola Lokahi will make in carrying out in the policy of the NHHCIA.
- Serve as a Clearinghouse for (1) collecting and maintaining data associated with the health status of Native Hawaiians; (2) identifying and researching diseases affecting Native Hawaiians; and (3) collecting and distributing information about available Native Hawaiian project funds, research projects and publications.
- Coordinate and assist health care programs and services provided to Native Hawaiians.
- Administer special projects.

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